CON MINIUM ASSOCIATION INFORMATION UI ATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA - P&VLD

1 100% Sole Owner of Condominium Project

Real Estate Commission

335 Merchant Street, Room 333 Honolulu, HI 96813 #942 Name of Condominium Association: The information provided on this form is current as of _ and replaces the information previously provided to the Real Estate Commission ("Commission"). Please indicate the change being reported: 1/1 Names and positions of the officers of the association (President, Secretary and Treasurer required): XI Designated officer of the association who can be contacted directly: Officer's Public Mailing Address: [] Management status: (Check ONE only and fill in corresponding information) [] Self-managed by the Association of Apartment Owners (AOAO) Name of manager. Telephone No.: Title: Managed by Condominium Managing Agent CMA Reg. No. 1803 Telephone No.: [] Contact designation (individual) to receive all AOAO correspondence (except bulletins) and telephone calls from the Commission: (if different from above) Title: Name: Telephone No.: Mailing Address: _ I certify that I am authorized to sign this form on behalf of this condominium association, and that the information provided is true and correct. Signature of association officer, developer or 100% sole owner of condominium project Date Check one only: M President [] Vice-President [] Secretary [] Treasurer Developer or Developer's Agent registering for unorganized association